With reference to the Advertisement No. AIIMS/BBSR/Admin/Con. Staff Nurse Gr – II/469 dated 30-10-2014, the Competent Authority of AIIMS, Bhubaneswar has approved to issue the Offer of Appointment to 25 Nos of candidates from the Merit List which were of follows:

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Roll No</th>
<th>Name</th>
<th>Category</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15022489</td>
<td>MAMATA SWAIN</td>
<td>UR</td>
<td>15-06-1987</td>
</tr>
<tr>
<td>2</td>
<td>15021259</td>
<td>RUKCHHANDA NAYAK</td>
<td>UR</td>
<td>10-06-1991</td>
</tr>
<tr>
<td>3</td>
<td>15021589</td>
<td>PRAJNA PARIMITA JENA</td>
<td>UR</td>
<td>04-06-1988</td>
</tr>
<tr>
<td>4</td>
<td>15020527</td>
<td>SWARNALATA PANDA</td>
<td>UR</td>
<td>05-06-1985</td>
</tr>
<tr>
<td>5</td>
<td>15022359</td>
<td>ASHA MANJAREE DIP</td>
<td>UR</td>
<td>23-06-1989</td>
</tr>
<tr>
<td>6</td>
<td>15020921</td>
<td>RANJITA JENA</td>
<td>UR</td>
<td>15-03-1987</td>
</tr>
<tr>
<td>7</td>
<td>15020552</td>
<td>MADHUSMITA MOHAPATRA</td>
<td>UR</td>
<td>24-01-1991</td>
</tr>
<tr>
<td>8</td>
<td>15021690</td>
<td>HARIPRIYA SAHU</td>
<td>UR</td>
<td>14-04-1989</td>
</tr>
<tr>
<td>9</td>
<td>15021288</td>
<td>SRITAMA MONDAL</td>
<td>UR</td>
<td>17-10-1986</td>
</tr>
<tr>
<td>10</td>
<td>15021494</td>
<td>PUJA KUMARI MISHRA</td>
<td>UR</td>
<td>16-05-1991</td>
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<tr>
<td>11</td>
<td>15020654</td>
<td>PHULA MOHANTA</td>
<td>UR</td>
<td>08-04-1988</td>
</tr>
<tr>
<td>12</td>
<td>15020196</td>
<td>ASHOK KUMAR ROUT</td>
<td>UR</td>
<td>22-06-1991</td>
</tr>
<tr>
<td>13</td>
<td>15020598</td>
<td>ROSLIN DEEP</td>
<td>UR</td>
<td>25-06-1985</td>
</tr>
<tr>
<td>14</td>
<td>15021215</td>
<td>J.SESHA NAIDU</td>
<td>UR</td>
<td>11-06-1989</td>
</tr>
<tr>
<td>15</td>
<td>15021559</td>
<td>SONUITA DHARA</td>
<td>UR</td>
<td>21-09-1991</td>
</tr>
<tr>
<td>16</td>
<td>15022846</td>
<td>RASHMIPRAVA DAS</td>
<td>UR</td>
<td>26-10-1991</td>
</tr>
<tr>
<td>17</td>
<td>15020035</td>
<td>PRATIVA KHERI</td>
<td>OBC</td>
<td>11-06-1989</td>
</tr>
<tr>
<td>18</td>
<td>15020186</td>
<td>SHYAMAGREDDY PEDDA ANJIREDDY</td>
<td>OBC</td>
<td>05-06-1991</td>
</tr>
<tr>
<td>19</td>
<td>15020218</td>
<td>SINDU NANDINI BEHERA</td>
<td>OBC</td>
<td>07-10-1992</td>
</tr>
<tr>
<td>20</td>
<td>15020013</td>
<td>SUBAS PATRA</td>
<td>OBC</td>
<td>07-03-1992</td>
</tr>
<tr>
<td>21</td>
<td>15020972</td>
<td>BHUPENDRA SINGH RATHORE</td>
<td>OBC</td>
<td>03-11-1990</td>
</tr>
<tr>
<td>22</td>
<td>15022788</td>
<td>CHANDRA KANT</td>
<td>SC</td>
<td>06-01-1996</td>
</tr>
<tr>
<td>23</td>
<td>15022917</td>
<td>ROOPCHAND MORYA</td>
<td>SC</td>
<td>07-07-1990</td>
</tr>
<tr>
<td>24</td>
<td>15021133</td>
<td>SHILPA DIPALI KHAKHA</td>
<td>ST</td>
<td>04-02-1991</td>
</tr>
<tr>
<td>25</td>
<td>15020647</td>
<td>PRIYA RAJNI XALXO</td>
<td>ST</td>
<td>10-08-1988</td>
</tr>
</tbody>
</table>
CANDIDATE’S STATEMENT & DECLARATION

The candidate must make the statement required below prior to his medical examination and must sign the Declaration appended thereto.

1. State your name in Full (In Block Letters) : __________________________________

   Father’s Name : __________________________________

2. State your Age & Birth Place: ________________

3. (a) Have you ever had small-pox intermittent or any other fever, enlargement or suppuration of glands spitting of blood, asthma, heart disease, fainting attacks, Rheumatism, appendicitis ? : ________________

   (b) Any other disease or accident requiring confinement to bed and medical or surgical treatment ?: ________________

4. History of vaccination : ________________

5. Have you or any of your near relations been afflicted with gout, asthma, fits, or insanity ? : ________________

6. Have you suffered from a degree of deafness:.

7. Have you suffered from any form of nervousness due to over work or any other cause

8. Furnish the following particulars concerning your family. (disease trend in family and premature death if any)

   __________________________________________________________________________

   Above statements are true and I have not suppressed any information.*

   Candidate’s signature

   Signed in my Presence  Chairman of the board

*Note :- The candidate will be held responsible for the accuracy of above statements
*For female candidate- Chest radiograph to be done only after gynaecology clearance
Report of the medical Board on
Name of the Candidate-

1. i) Height (Without shoes)________ cm Weight _______ kg
Chest circumference : After full inspiration_______ cm_ full Expiration________ cm
ii) Respiratory system ________________________________
iii) Circulatory system (a) Heart: Any organic lesions :
                              Rate Standing ______________________________
                              ECG (pl attach) – date - Please mention abnormality if any
(b) Blood pressure_______ Pulse rate _______ SpO2_________ in room air
iv) Nervous system: ________________________________
v) Loco Motor system: ________________________________
vi) Skin: (any obvious disease)

Remarks

(Name & Signature Faculty of Medicine)

2. Eyes: (a) Any disease: Yes (mention) /No________
(b) Defect in colour vision: Normal/ Abnormal (mention)
(c) Field of vision: Normal/ Abnormal (mention)
(d) Visual acuity: __________________________

<table>
<thead>
<tr>
<th></th>
<th>Acuity of vision</th>
<th>Without glass</th>
<th>With glass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distant Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Eye</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks

(Name & Signature of Faculty Ophthalmology)

3. Ears Inspection_______ Hearing _______ Right Ear: ________________

Page 2 of 4
Left Ear: _______________
Glands: _______________ Thyroid _______________
General condition of teeth and oral cavity _______________

Remarks
(Signature of Faculty Otolaryngology)

4. Abdomen: Tenderness _______________ Hernia ___________
   (a) Palpable: Liver __________ Spleen ___________ Kidneys ___________
   Any others ________________
   Genito Urinary System: Hydrocele __________ Varicocele __________
   (b) Hemorrhoids __________ Fistula __________ Varicose Vein__________
   (c) Lymphadenopathy (Palpable)_________

Remarks
(Name & Signature of Faculty Surgery)

5. Gynecologic history and examination (for female candidates):
   Status: Single/ married
   Age at menarche: yrs
   History of Polycystic ovarian syndrome (PCOS): yes / no
   Last visit to gynaecologist and reason of visit: yes / no
   Last whole abdominal ultrasound done and indication: yes / no
   Past history of Tuberculosis/ intake of ATT: yes / no
   Past history of gynaecologic surgery/ intake of chemotherapy: yes / no
   Menstrual cycle:
   Length: Duration of flow: Regularity:
   Associated dysmenorrhoea: Last menstrual period (LMP):
   Examination: 1) lymphadenopathy/ scars/ other deformities:
   2) Breasts and axilla for any evidence of Mass/ abnormal discharge:
   3) Abdomen examination

Remarks
(Name & Signature of Faculty, Obst. & Gyn)
6. Hematology, Blood Sugar, Urine analysis report (To be attached)
   Blood group and Rh factor –(if known)
   **Remarks** (Please mention if any major abnormalities)

   *(Name & Signature of Faculty, Biochemistry)*

7. Report of screening chest radiograph (no- date-)

   *(Name & Signature of Faculty Radiodiagnosis)*

8. Mention if there is anything in the health of the candidate likely to render him/her unfit?

   Note: Record their finding under one of the following categories and strike out others

   (i) Fit
   (ii) Unfit on the following reasons ___________
   (iii) Temporarily unfit on account of

   **Chairman Medical Board**
   Seal/Name

   Dated : __________________

   Special medical board opinion (if required)
2. IDENTITY CERTIFICATES

(Certificate of be signed by any one the following)

(i) Gazetted officers of central or State Government
(ii) Members of Parliament of State legislature belonging to the constituency where the candidate or parent/guardian is ordinary resident:
(iii) Sub-Divisional Magistrates/Officers:
(iv) Tehsildars or Naib/Deputy Tehsildars authority to exercise magisterial powers:
(v) Principal/Head-Master of the recognized School/College/Institution Where the candidate studied last:
(vi) Block Development Officer:
(ix) Post – Masters :
(x) Panchayat Inspectors :

Certified that I have known Shri/Smt/Kumari/Dr. ________________________________________ son/daughter /wife Of Shri ____________________________ for the last ____________________________ Year _______________________ months and that to the best of my knowledge and belief the particulars furnished by him/her are correct.

Place ______________________________ Signature ______________________
Date ______________________________ Designation or status and address

TO BE FILLED BY THE OFFICE

(1) Name, designation and full address of The appointing authority.

(2) Post for which the candidate is being considered:
3. CERTIFICATE OF CHARACTER

Certified that I have knowledge ________________________________________
Son/Daughter Shri ____________________________________________________ for the last
____________________ years ______________________ or and that to the best of my
knowledge and belief he/she bears reputable character and has no antecedents render
him unsuitable for employment in this institute.

Mr./Ms. ________________________________ is not related to me.

Place: ___________________________ Signature _________________________
Dated: ___________________________ Designation _______________________

Dist. Magistrate or Sub-Divisor
Magistrate or Gazette Officer
4. HOME TOWN DECLARATION FORM

DEPARTMENT ______________________________

DATED THE _____________________________

I, _______________________________ employed a _______________________________ in the
All India Institute of Medical Sciences, Bhubaneswar in the Department Section hereby declare
_____________________________ Distt. __________________________ nearest railway station
______________________________.

COUNTER SIGNED

SIGNATURE _______________________________  NAME _______________________________

DESIGNATION _______________________________  DESIGNATION _______________________________
5. JOINING FORM

To

The Director
All India Institute of Medical Sciences
Bhubaneswar

Sub:- Joining for the post of _________________ in the All India Institute of Medical Sciences, Bhubaneswar.

Dear Sir,

In pursuance to the offer of appointment No. _______________________, Dated ______________. I hereby report for joining as ________________ in the Department of ____________________________ from ____________ (Forenoon/Afternoon). I understand and accept the terms & Conditions of employment that has been explained in offer of appointment.

It would be kind enough if you accept this joining letter.

Your’s Sincerely,

Name: ____________________________
Address: __________________________
                                          ____________________________
                                          ____________________________
Mobile No: __________________________
Email ID: __________________________

(_______________________)
Signature
Form 1: Employee Personal Information
Name of Department: _________________

Employee Personal Information

First Name : ____________________________________________
Middle Name : ____________________________________________
Last Name : ____________________________________________
Date of Birth : ____________________________________________
Father /Mother/husband Name: ____________________________
Gender: Male/Female Marital Status: ____________________________
Identity Mark: _______________________________________________________________________________________

** Mark the attached documents

□ Medical Fitness □ Character Certificate

Height (In cms): ____________________________
Cast: ____________________________ Category: ____________________________
Religion: ____________________________ Blood group : ____________________________
Home State: ____________________________ Home District: ____________________________
Home Office Type: ____________________________ Home Office Name: ____________________________
Contact No (In Case of Nearest Railway St. : ____________________________
Emergency) ____________________________

Employee Office Details:

Current Designation: ____________________________ Current Office: ____________________________
Form 2: Employee Address Information

Name of Department: ______________________

Present Address Detail

Present Address: ________________________________

State: _______________            District: _______________

Block: _______________            Panchayat: _______________

Pin Code: _______________            Phone Number: _______________

E-mail (if any)__________________________ Mobile Number: _______________

Permanent Address Detail

Present Address: ________________________________

State: _______________            District: _______________

Block: _______________            Panchayat: _______________

Pin Code: _______________            Phone Number: _______________

E-mail (if any)__________________________ Mobile Number: _______________

Joining Details

Date of Appointment: _______________ Order Number: _______________

Office name at the time of initial joining in Dep’t: __________________________

Date of Joining in the Dep’t: _______________ Initial Designation: __________________________

Mode of Recruitment: _______________________ Class: _______________

Employee Type: _______________________

(_________)
Name & Signature
**WARNING:** The furnishing of false information or suppression of any factual information in Attestation Form would be a disqualification and is likely to render the candidate unit employment under the Govt.

2. If detained convicted debarred etc. subsequent to the completion submission of this for the details should be communicated immediate to the All India Institute of Medical Sciences or the authority to whit attestation for has been sent earlier as the case may be, falling which it we deemed to be a suppression of fractural information.

3. If the fact that the false information has been furnished or that there has I finished or that here has been suppression of any fractural information the attestation form comes to notice at any time during the service period the service of the person would be liable to be terminated.

<table>
<thead>
<tr>
<th>1. Name in full (in block capitals)</th>
<th>SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>With aliases, if any (please indicate if you have added or dropped in any stage any part of your name or summate)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Present Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3. (a) Home Address in full (i.e. Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters)</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(b) If originally a resident of Pakistan. The address in that country and the date of migration Indian Union.</th>
<th></th>
</tr>
</thead>
</table>
4. Particulars of places (with periods, of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (including Pakistan) Particulars of all places where you have resided for more than one year after attaining the age of 21 years should be given.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Residential address in full (i.e. village Thana and Distt. Or house No. Lane/Street Road and Town)</th>
<th>Name of the Dist. Head Quarter of the Place mentioned in the Proceeding Co.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name</th>
<th>Nationality by birth and/or by domicile</th>
<th>Place of Birth</th>
<th>Occupation (if employed gives design. &amp; Official Address)</th>
<th>Present Postal Address(in deal give last Address)</th>
<th>Permanent Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Wife/ Husband</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Brother (S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>Sister (S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. (a) Information to be furnished with regard to sons(s) in case they are studying/living in a foreign country.

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality by birth or domicile</th>
<th>Place of Birth</th>
<th>Country in which studying/living with full address</th>
<th>Date from which studying/ living in the country mentioning previous Coolum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Nationality

7. (a) Date of Birth
   (b) Present Age

8. (a) Place of birth District & state in which situated
   (b) District and State to which you belong
   (c) District and state to which your father originally belong
9. (a) Your Religion

(b) Are You a member of Scheduled Cast/Schedule Tribe? answer Yes or No and if the
answer is Yes state the name there of

10. Education Qualification showing places of education with years in Schools and Colleges 15th Year
of Age

<table>
<thead>
<tr>
<th>Name of School/College with full</th>
<th>Date of entering</th>
<th>Date of leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. (a) Are you holding or have anytime held an appointment under the central or state Govt. or semi-
Govt. quasi-Govt. or and autonomous body or a public undertaking or a private firm or institution/so.
Full particulars with dates of employment, up-to date.

<table>
<thead>
<tr>
<th>Period From</th>
<th>To</th>
<th>Designation. Employmnts and nature of employment</th>
<th>Full name and address of employer</th>
<th>Reasons for leaving previous service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

11. (b) If the previous Employment was under the govt. of India or a State Govt./an undertaking
owned or controlled by the Govt. of India or a State govt./an autonomous body/University
Local body.

If any had left service on giving a month’s notice under Rule 5 of the Central Civil Services
(Temporary Service) Rule, 1965, or any similar corresponding rules were any disciplinary
processing’s framed against you, or has you been called upon to explain you conduct in any matter at
the time you gave notice of termination of services) or at a subsequent date, before your service
actually terminated?
12. (a) Have you ever been arrested? Yes/No
(b) Have you ever been prosecuted? Yes/No
(c) Have you ever been kept under detention? Yes/No
(d) Have you ever been bund down? Yes/No
(e) Have you ever been fined by a Court of Law Yes/No
(f) Have you ever convicted by a Court of Law for any offence? Yes/No
(g) Have you ever been debarred from and examination or rusticated by and University Yes/No
(h) Have you ever been debarred/disqualified by any Public service Commission from Appearing at its examination/selecting? Yes/No
(i) Is any case pending against you in any court of law at the time of filling up this Attestation Form? Yes/No
(j) Is any case pending against you in any university or any other educational authority Yes/No
(k) If the answer to any of the above mentioned questions is "Yes" give full particular of the case/Arrest/detention/fine conviction/sentence/punishment etc. and/or the nature of the case Pending in the Court University/Educational Authority etc., at the time of filling up this from.

Note: (i) Please also see the “warning” at the top of this attestation. Form
(ii) Specific answers to each of the questions should be given by striking our “Yes” or "No" as the case may be.

13. Name of two responsible persons of your Locality or two references to whom you are known
1. __________________________
2. __________________________

I Certify that the foregoing information is correct and complete to the best of my knowledge and belief, I am not aware of any circumstances which impair my fitness for employment under Government

Signature of Candidate __________________________

Date __________________________
Place __________________________
DECLARATION

I, __________________________________________________________ declare as under:

(i) That I am Bachelor/Widower/Married
(ii) That I am married and have only one wife living/that I am married to a person who has other wife living.
(iii) That I am married and have more than one wife.

That I am married to a person who has another wife living I request that in view of the reasons stat below:

I may be granted exemption from the operation of restriction on the recruitment to service of persons having married to a person having more than one wife living.

I solemnly affirm that the above declaration is true and I understand that in event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service, at any time.

Name: ______________________

Signature: ____________________

Dated: ______________________